



**NITCO**  
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REDACTED – FOR PUBLIC INSPECTION

**VIA ECFS**

July 16, 2018

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12th Street, SW  
Room TW-A325  
Washington, DC 20554

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RE: Northwestern Indiana Telephone Company, Inc. 320800  
**Submission of FCC Form 481 Annual Report**  
**WC Docket No. 14-58 – ETC Annual Reports and Certifications**

Dear Ms. Dortch:

In accordance with the annual reporting requirements of 47 C.F.R. §§54.313 and 54.422, Northwestern Indiana Telephone Company, Inc., ("the Company"), Study Area Code 320800, hereby files its FCC Form 481 – Carrier Annual Reporting Data Collection Form. *The version of the Company's FCC Form 481 submitted via the FCC's Electronic Comment Filing System (ECFS) is a redacted version of the filing that contains no confidential information.*

Section 3005 of FCC Form 481 requires privately-held rate-of-return carriers receiving high cost support to attach a full and complete annual report of the company's financial condition and operations pursuant to 47 C.F.R. §54.313(f)(2). Northwestern Indiana Telephone Company, Inc., by its authorized representative, hereby seeks confidential treatment of its financial annual report pursuant to the March 22, 2016 *Protective Order* in WC Docket Nos. 10-90 and 14-58.<sup>1</sup> The *Protective Order* specifically covers the information required by 47 C.F.R. §54.313(f)(2).

Northwestern Indiana Telephone Company, Inc., is providing to the Office of the Secretary, under seal, this cover letter and the FCC Form 481 filing which includes the confidential information that is being requested to be withheld from public inspection.

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<sup>1</sup> *Connect America Fund, ETC Annual Reports and Certifications*, WC Docket Nos. 10-90 and 14-58, Protective Order, 31 FCC Rcd 2089 (2016).

Each page of the Company's financial annual report and the financial summary page on the FCC Form 481 bear the legend, "CONFIDENTIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER BEFORE THE FEDERAL COMMUNICATIONS COMMISSION."

The confidential information has also been submitted to the Universal Service Administrative Company through its E-File system as attachments to the FCC Form 481.

In the filing submitted via the ECFS, all pages containing confidential information bear the legend "REDACTED – FOR PUBLIC INSPECTION."

This cover letter includes no confidential information and the text is the same in both the non-redacted and redacted versions except for the confidentiality markings.

The FCC Form 481 has also been filed with the relevant state commissions and Tribal governments, as appropriate.

Please contact me if you have any questions.

Sincerely,



Thomas C Long  
President/COO  
Northwestern Indiana Telephone Company, Inc.

\_\_\_/kr

CC: Executive Secretary – Indiana Utility Regulatory Commission

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018

|       |   |                      |
|-------|---|----------------------|
| <010> | Study Area Code   | 320800               |
| <015> | Study Area Name   | NORTHWESTERN INDIANA |
| <020> | Program Year  | 2019                 |
| <030> | Contact Name: Person USAC should contact with questions about this data         | Sharon L McKay       |
| <035> | Contact Telephone Number:<br>Number of the person identified in data line <030> | 2199962981 ext.      |
| <039> | Contact Email Address:<br>Email of the person identified in data line <030>     | smckay@nitco.com     |
|       | Form Type   | 54.313 and 54.422    |

Page 2

(400) Number of Complaints per 1,000 customers  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018

|       |  |                      |
|-------|--|----------------------|
| <010> | Study Area Code  | 120800               |
| <015> | Study Area Name  | NORTHWESTERN INDIANA |
| <020> | Program Year   | 2019                 |
| <030> | Contact Name - Person USAC should contact regarding this data  | Sharon L. McKay      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>  | 2199162941 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030>  | smckay@mtco.com      |
| <400> | Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. |                      |
| <410> | Complaints per 1000 customers for fixed voice  |                      |
| <420> | Complaints per 1000 customers for mobile voice   |                      |

(500) Compliance With Service Quality Standards and Consumer Protection Rules  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018

|       |   |                      |
|-------|---|----------------------|
| <010> | Study Area Code   | 120800               |
| <015> | Study Area Name   | NORTHEASTERN INDIANA |
| <020> | Program Year  | 2019                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Sharon L. McKay      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2199962981 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | smckay@nitco.com     |
| <515> | Certify compliance with applicable minimum service standards                  |                      |

|   |                      |  |
|---|----------------------|--|
| <b>(600) Functionality In Emergency Situations</b>                                  |                      | <b>FCC Form 481</b>  |
| <b>Data Collection Form</b>   |                      | <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> |
|   |                      | <b>July 2018</b>   |
| <010> Study Area Code   | J20400               |  |
| <015> Study Area Name   | NORTHWESTERN INDIANA |  |
| <020> Program Year  | 2019                 |  |
| <030> Contact Name - Person USAC should contact regarding this data                 | Sharon L. McKay      |  |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 2199962981 ext.      |  |
| <039> Contact Email Address - Email Address of person identified in data line <030> | smckay@nitco.com     |  |
| <600> Certify compliance regarding ability to function in emergency situations      | Yes                  |  |
| <610> Descriptive document for Functionality in Emergency Situations                | 3208001n610.pdf      |  |

|       |                   |  |
|-------|-------------------|--|
| <810> | Reporting Carrier | Northwestern Indiana Telephone Company, Inc. |
| <811> | Holding Company   | NITCO Holding Corporation                    |
| <812> | Operating Company | Northwestern Indiana Telephone Company, Inc  |

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|  |  |
|--|--|
| (900) Tribal Lands Reporting<br>Data Collection Form | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2018 |
|--|--|

|   |                      |
|---|----------------------|
| <010> Study Area Code   | 320800               |
| <015> Study Area Name   | NORTHWESTERN INDIANA |
| <020> Program Year  | 2019                 |
| <030> Contact Name - Person USAC should contact regarding this data                 | Sharon L McKay       |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 2199962981 ext.      |
| <039> Contact Email Address - Email Address of person identified in data line <030> | smckay@nitco.com     |

<900> Does the filing entity offer tribal land services? (Y/N)

No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes:

<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  
 <922> Feasibility and sustainability planning;  
 <923> Marketing services in a culturally sensitive manner;  
 <924> Compliance with Rights of way processes  
 <925> Compliance with Land Use permitting requirements  
 <926> Compliance with Facilities Siting rules  
 <927> Compliance with Environmental Review processes  
 <928> Compliance with Cultural Preservation review processes  
 <929> Compliance with Tribal Business and Licensing requirements.

| Select<br>Yes or No or<br>Not Applicable |
|--|
|  |
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**(1000) Voice and Broadband Service Rate Comparability  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018

|       |   |                      |
|-------|---|----------------------|
| <010> | Study Area Code   | 320800               |
| <015> | Study Area Name   | NORTHWESTERN INDIANA |
| <020> | Program Year  | 2019                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Sharon L McKay       |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2199962981 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | smckay@nitco.com     |

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 320800in1010.pdf

\_\_\_\_\_  
Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 320800in1030.pdf

\_\_\_\_\_  
Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018

|       |   |                      |
|-------|---|----------------------|
| <010> | Study Area Code   | 320800               |
| <015> | Study Area Name   | NORTHWESTERN INDIANA |
| <020> | Program Year  | 2019                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Sharon L. McKay      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2199962981 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | smckay@mtco.com      |

&lt;1100&gt; Certify whether terrestrial backhaul options exist (Y/N)

&lt;1130&gt; Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

&lt;1140&gt; Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2018

|       |   |                      |
|-------|---|----------------------|
| <010> | Study Area Code   | 320800               |
| <015> | Study Area Name   | NORTHWESTERN INDIANA |
| <020> | Program Year  | 2019                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Sharon L. McKay      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2199962981 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | smckayanites.com     |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP [www.nitco.com](http://www.nitco.com)

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

**(2005) Price Cap Carrier Additional Documentation**  
**Data Collection Form**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2018

|       |   |                      |
|-------|---|----------------------|
| <010> | Study Area Code   | 320800               |
| <015> | Study Area Name   | NORTHWESTERN INDIANA |
| <020> | Program Year  | 2019                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Sharon L McKay       |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2199962981 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | smckay@mitco.com     |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR 54.313(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016> Certification support used to build broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2017.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing  
 Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

(3005) Rate Of Return Carrier Additional Documentation  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018

|       |   |                      |
|-------|---|----------------------|
| <010> | Study Area Code   | 320800               |
| <015> | Study Area Name   | NORTHWESTERN INDIANA |
| <020> | Program Year  | 2019                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Sharon L McKay       |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2199962981 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | smckay@nitco.com     |

#### CAF BLS Reporting

- (3008A) Please indicate whether new locations were deployed during the prior calendar year. (Yes/No) No
- (3008B) Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.
- (3008B1) Number of newly built locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.
- (3008B2) Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.
- (3008C) Please provide the percentage of deployment across the entire study area.

|       |   |                      |
|-------|---|----------------------|
| <010> | Study Area Code   | 320800               |
| <015> | Study Area Name   | NORTHWESTERN INDIANA |
| <020> | Program Year  | 2019                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Sharon L McKay       |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2199962981 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | smckay@nitco.com     |

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

|  |  |  |  |
|--|--|--|--|
| (3009)   | Progress Report on 5 Year Plan<br>Carrier certifies to 54.313(f)(1)(iii)   | Yes - Attach Certification                             |  |
| (3010A)  | Certification of Public Interest Obligations (47 CFR § 54.313(f)(1)(i))  | 320800in3010.pdf                                       |  |
| (3010B)  | Please Provide Attachment  | Name of Attached Document Listing Required Information |  |
| (3012A)  | Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))  | No - No New Community Anchors                          |  |
| (3012B)  | Please Provide Attachment  | Name of Attached Document Listing Required Information |  |
| (3013)   | Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))   | (Yes/No)   | <input checked="" type="radio"/> <input type="radio"/> |
| (3014)   | If yes, does your company file the RUS annual report   | (Yes/No)   | <input type="radio"/> <input checked="" type="radio"/> |
| Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: |  |  |  |
| (3015)   | Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)  | <input type="checkbox"/>                               |  |
| (3016)   | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows   | <input type="checkbox"/>                               |  |
| (3017)   | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation  | Name of Attached Document Listing Required Information |  |
| (3018)   | If the response is no on line 3014, is your company audited?   | (Yes/No)   | <input checked="" type="radio"/> <input type="radio"/> |
| If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:            |  |  |  |
| (3019)   | Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers  | <input checked="" type="checkbox"/>                    |  |
| (3020)   | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  | <input checked="" type="checkbox"/>                    |  |
| (3021)   | Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.   | <input checked="" type="checkbox"/>                    |  |
| If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:             |  |  |  |
| (3022)   | Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers | <input type="checkbox"/>                               |  |
| (3023)   | Underlying information subjected to a review by an independent certified public accountant   | <input type="checkbox"/>                               |  |
| (3024)   | Underlying information subjected to an officer certification.  | <input type="checkbox"/>                               |  |
| (3025)   | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows   | <input type="checkbox"/>                               |  |
| (3026)   | Attach the worksheet listing required information  | Name of Attached Document Listing Required Information | 320800in3026.pdf                                       |

**LINE 3005 RATE OF RETURN DATA**

**REDACTED FOR PUBLIC INSPECTION**



|       |   |                      |
|-------|---|----------------------|
| <010> | Study Area Code   | 320800               |
| <015> | Study Area Name   | NORTHEASTERN INDIANA |
| <020> | Program Year  | 2019                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Sharon L. McKay      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2199962991 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | smckay@itco.com      |

**4005 Rural Broadband Experiment**

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

**Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)**

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001.** Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

**Community Anchor Institutions – FCC 14-98 (paragraph 79)**

**4003a.** RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

**4003b.** Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year. Name of Attached Document Listing Required Information



|   |   |
|---|---|
| <b>Certification - Reporting Carrier<br/>Data Collection Form</b> | <b>FCC Form 481<br/>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br/>July 2018</b> |
|---|---|

|   |                      |
|---|----------------------|
| <010> Study Area Code   | 320800               |
| <015> Study Area Name   | NORTHWESTERN INDIANA |
| <020> Program Year  | 2019                 |
| <030> Contact Name - Person USAC should contact regarding this data                 | Sharon L McKay       |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 2199962981 ext.      |
| <039> Contact Email Address - Email Address of person identified in data line <030> | smckay@nitco.com     |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

|   |   |
|---|---|
| <b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>   |   |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. |   |
| Name of Reporting Carrier: NORTHWESTERN INDIANA   |   |
| Signature of Authorized Officer: CERTIFIED ONLINE   | Date 07/12/2018                           |
| Printed name of Authorized Officer: Thomas Long   |   |
| Title or position of Authorized Officer: President/COO  |   |
| Telephone number of Authorized Officer: 2199962981 ext.   |   |
| Study Area Code of Reporting Carrier: 320800  | Filing Due Date for this form: 07/16/2018 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |   |

**Certification - Agent / Carrier  
Data Collection Form**
**FCC Form 481**  
**OMB Control No. 3060-0986/OMB Control No. 3060-0819**  
**July 2018**

|   |                      |
|---|----------------------|
| <010> Study Area Code   | 320800               |
| <015> Study Area Name   | NORTHWESTERN INDIANA |
| <020> Program Year  | 2019                 |
| <030> Contact Name - Person USAC should contact regarding this data                 | Sharon L McKay       |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 2199962981 ext.      |
| <039> Contact Email Address - Email Address of person identified in data line <030> | smckay@nitco.com     |

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier  |                                      |
|--|--------------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |                                      |
| Name of Authorized Agent: _____  |                                      |
| Name of Reporting Carrier: _____   |                                      |
| Signature of Authorized Officer: _____   | Date: _____                          |
| Printed name of Authorized Officer: _____  |                                      |
| Title or position of Authorized Officer: _____   |                                      |
| Telephone number of Authorized Officer: _____  |                                      |
| Study Area Code of Reporting Carrier: _____  | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |                                      |

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier   |                                      |
|--|--------------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. |                                      |
| Name of Reporting Carrier: _____   |                                      |
| Name of Authorized Agent Firm: _____   |                                      |
| Signature of Authorized Agent or Employee of Agent: _____  | Date: _____                          |
| Name of Authorized Agent Employee: _____   |                                      |
| Title or position of Authorized Agent or Employee of Agent: _____  |                                      |
| Telephone number of Authorized Agent or Employee of Agent: _____   |                                      |
| Study Area Code of Reporting Carrier: _____  | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |                                      |

## **Attachments**

Northwestern Indiana Telephone Co., Inc. (NITCO)  
Study Area Code: 320800

**Functionality in Emergency Situations:**

Pursuant to 47 C.F.R. § 54.313(a)(6) and 47 C.F.R § 54.22(b)(4) as set forth in 47 C.F.R. § 54.202(a)(2) NITCO meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to Hebron central office by use of a fixed generator and batteries that provide it with 10 hours of emergency power. In addition, NITCOs field electronics have 12 hours of back-up power by use of fixed & mobile generators and batteries. NITCO also has SONET and ERPS technology deployed in its core fiber optic networks that is are self-healing and will automatically reroute traffic should a fiber cut occur. In addition NITCO has connectivity to the LATA Tandem which further provides capabilities of handling traffic. Lastly, NITCO is prepared and capable of managing traffic spikes resulting from emergency situations and has developed procedures for employees to follow during emergency situations.

## Data Collection Form

July 2018

|       |   |                      |
|-------|---|----------------------|
| <010> | Study Area Code   | 320800               |
| <015> | Study Area Name   | NORTHWESTERN INDIANA |
| <020> | Program Year  | 2019                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Sharon L McKay       |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2199962961 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | amckay@nitco.com     |

|       |                   |  |
|-------|-------------------|--|
| <810> | Reporting Carrier | Northwestern Indiana Telephone Company, Inc. |
| <811> | Holding Company   | NITCO Holding Corporation                    |
| <812> | Operating Company | Northwestern Indiana Telephone Company, Inc. |

[illegible]

Northwestern Indiana Telephone Co., Inc. (NITCO)  
Study Area 320800

### Voice Services Comparability Report

Pursuant to 47 C.F.R. § 54.313 (a) (10) NITCO, is in compliance with the requirement that voice service is no more than two standard deviations above the national average urban rate for voice service of \$45.38 established by the Wireline Competition Bureau. . NITCO's current total local end-user rate of \$17.15 (which includes a local fee of \$12.38, and state mandated fees of \$4.77 and surcharges and any EAS) is not above the standard deviation as specified in the USF/ICC Transformation Order.



Northwestern Indiana Telephone Co., Inc. (NITCO)  
Study Area Code: 320800

### Broadband Services Comparability Report

Pursuant to 47 C.F.R. § 54.313 (a) (1) NITCO charges a residential rate of \$49.99 for broadband providing 10 Mbps download, 1 Mbps upload, and an unlimited usage allowance. This rate is lower than \$88.13, which is the reasonable comparability benchmark for the same offering established by the Wireline Competition Bureau.

Response to Line3010  
Northwestern Indiana Telephone Company, Inc.  
Study Area 320800

#### Milestone Certification

Pursuant to 47 C.F.R. § 54.202(a) Northwestern Indiana Telephone Company, Inc., (NITCO) provides this certification that it is taking reasonable steps to provide upon reasonable request broadband speeds of at least 10 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to offerings in urban areas as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

**LINE 3026 Required Audited Financial Informaiton**

**REDACTED FOR PUBLIC INSPECTION**